



CORPORATION OF HARPERS FERRY

Room Occupancy Tax Return

Town Hall • 1000 Washington Street, P.O. Box 217, Harpers Ferry, West Virginia 25425
PH: (304) 535-2206

For Quarter: (Check one box – fill in the year)

Jan 1 – Mar 31, 20 _____

Apr 1 – June 30, 20 _____

July 1 – Sept 30, 20 _____

Oct 1 – Dec 31, 20 _____

Business Information *(Please print)*

Business Owner's Name _____

Mailing Address _____

Business Name _____

Business Address _____

Telephone Number _____

1. Occupancy Receipts Subject to Tax: \$ _____

2. Tax Collected: \$ _____

(Beginning July 1, 2016, tax is 5% of Line 1.)

3. Tax Collected Penalty of Line #2. \$ _____

Taxes are subject to a 5% penalty if they are not received by the first quarter that the tax is delinquent.

For each add'l quarter a 1% penalty per quarter is due until paid.

4. Total Due: Line 2 + 3: \$ _____

(Check or money order only; no cash)

I hereby certify that the information reported is in accordance with Article 753 of the Harpers Ferry Ordinances.

Signature of Taxpayer: _____ **Date** _____

Or

Authorized Signature: _____ **Date** _____

Please make check or money Order (no cash) payable to: Corporation of Harpers Ferry

OFFICE USE ONLY: Check # _____ **Receipt #** _____ **Initials** _____

Fiscal Year: _____ **Quarter** _____ **Date Excel Spreadsheet updated:** _____